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Bib Data Sheet

CONFIRMATION NO. 5427

SERIAL NUMBER 10/695,508	FILING DATE 10/28/2003 RULE	CLASS 347	GROUP ART UNIT 2853	ATTORNEY DOCKET NO. 100200471-1
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APPLICANTS

Glenn Michael Smith, Vancouver, WA;

Robert James Ray, Corbett, OR;

 ** CONTINUING DATA ***** *No RD*

 ** FOREIGN APPLICATIONS ***** *No RD*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/28/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY WA	SHEETS DRAWING 5	TOTAL CLAIMS 57	INDEPENDENT CLAIMS 7
Verified and Acknowledged	<i>Devi Dill</i> Examiner's Signature Initials				

ADDRESS

022879
 HEWLETT PACKARD COMPANY
 P O BOX 272400, 3404 E. HARMONY ROAD
 INTELLECTUAL PROPERTY ADMINISTRATION
 FORT COLLINS , CO
 80527-2400

TITLE

Power supply adjustment

FILING FEE RECEIVED 1780	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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